

**FUND FOR THE IMPROVEMENT OF POSTSECONDARY EDUCATION
INTERNATIONAL CONSORTIA PROGRAM**
Project Title Form

Program _____ (drop down box)

Consortium Members - - U.S. Partners:

Lead: _____

Partner: _____

Partner: _____

Consortium Members - - Foreign Partners:

Lead: _____

Partner: _____

Partner: _____

Consortium Members - - Foreign Partners:

Lead: _____

Partner: _____

Project Title: _____

Abstract of Proposal: (1000 Character Limit)

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Select project format:

- Four-year consortia project
- Two-year consortia project

Federal Funds Requested:

Year 1: _____

Year 2: _____

Year 3: _____

Year 4: _____

Total: _____

CONSORTIUM PARTNERS IDENTIFICATION FORM

Program _____ (drop down box)

Country _____ (drop down box)

Lead Partner:

Name: Prefix: _____ First Name: _____ Middle Name: _____ Last Name: _____ Suffix: _____

Name of Institution/Organization: (60 Character Limit) _____

Department: (60 Character Limit) _____

Complete Address: Street Name1: _____ Street Name2: _____

City: _____ State: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Phone Number: _____

Fax Number: _____

E-mail Address: _____

Partner Two:

Name: Prefix: _____ First Name: _____ Middle Name: _____ Last Name: _____ Suffix: _____

Name of Institution/Organization: (60 Character Limit) _____

Department: (60 Character Limit) _____

Complete Address: Street Name1: _____ Street Name2: _____

City: _____ State: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Phone Number: _____

Fax Number: _____

E-mail Address: _____

Partner Three:

Name: Prefix: _____ First Name: _____ Middle Name: _____ Last Name: _____ Suffix: _____

Name of Institution/Organization: (60 Character Limit) _____

Department: (60 Character Limit) _____

Complete Address: Street Name1: _____ Street Name2: _____

City: _____ State: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Phone Number: _____

Fax Number: _____

E-mail Address: _____

U.S. Department of Education Budget Summary				OMB Control Number: xxxx-xxxx	
				Expiration Date: xx/xx/xxxx	
1. Program (drop down box)		2. Select One: Lead (fiscal agent) Partner			
3. Name of Institution/Organization:					
Project Costs Requested from FIPSE:					
Budget Categories	Project Year 1 (a)	Project Year 2 (b)	Project Year 3 (c)	Project Year 4 (d)	Total (e)
4. Personnel (salary & wages)					
5. Fringe Benefits (employee benefits)					
6. Travel					
7. Equipment (purchase)					
8. Supplies (and materials)					
9. Contractual (enter partner totals here)					
10. Other (equipment rental, printing, etc.)					
11. Total Direct Costs (lines 4-10)					
12. Indirect Costs* (8% of line 11)					
13. Mobility Stipends					
14. Language Stipends					
15. Subtotal of Stipends (lines 13+14)					
16. Total Requested from FIPSE (lines 11+12+15) (These figures should appear on the Title Form)					
Project Costs Not Requested from FIPSE:					
17. Lead Partner non-federal funds					
18. Subcontractor(s) non-federal funds					
Funds Requested by Foreign Partners:					
19a. Total Requested from Canada					
19b. Total Requested from Mexico					
19c. Total Requested from Brazil					
19d. Total Requested from Europe					
<p>*Indirect Cost Information (To be completed by Your Business Office):</p> <p>If you are requesting reimbursement for indirect costs on line 12, please answer the following questions:</p> <p>(1) Do you have an Indirect Cost Rate Agreement approved by the federal government? Yes No (Radio Button)</p> <p>(2) If Yes, please provide the following information:</p> <p> o Period covered by the Indirect Cost Rate Agreement: From: mm/dd/yyyy To: mm/dd/yyyy</p> <p> o Approving federal agency: ED Other (please specify): _____ (Radio Button)</p> <p>(3) For Restricted Rate Programs (select one) - - Are you using a restricted indirect cost rate that:</p> <p> Is included in your approved Indirect Cost Rate Agreement? Or, Complies with 34 CFR 76.564(c)(2)? (Radio Button)</p>					